

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2005

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>21092</u>	2. Fiscal Year Covered From: <u>01/01/04</u> Through: <u>12/31/04</u>
3. Name and address of person filing. Name <u>John T. Horn</u> P.O. Box, Bldg., Room No., if any <u>PO BOX 761</u> Street City <u>Paducah</u> State <u>KY.</u> ZIP Code - 4 <u>42002-0761</u>	4. Name, file number, and address of labor organization. Name <u>Lebanon Local #1214</u> Labor Organization File Number <u>006072</u> P.O. Box, Building and Room Number, if any <u>P.O. Box 761</u> Street City <u>Paducah</u> State <u>KY.</u> ZIP Code - 4 <u>42002-0761</u>
5. Position in labor organization. <u>President / Field Rep.</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any) Name <u>Jacobs Constructors Inc.</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any <u>PO. Box 98032</u> Street City <u>Baton Rouge</u> State <u>LA</u> ZIP Code + 4 <u>70809</u>	7.a. Nature of Interest, Transaction, or Income. <u>Outgsc Lunch on</u> <u>03-30-04</u> <u>07-22-04</u> <u>11-10-04</u> 7.b. Amount. <u>\$10.00 Each</u> <u>\$30.00 Total</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

John T. Horn

On

07-19-05

Date

Telephone Number

1-270-442-3434

Name of Person Filing _____		File Number U- _____	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business			
8. Name and address of Business (including trade name, if any) Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____		9. Business deals with: <div style="margin-left: 40px;"> <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer </div>	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____		11.a. Nature of such dealing. <div style="height: 40px; border: 1px solid black;"></div>	
(Continuation of 10)		11.b. Approximate dollar value of such dealing. <div style="height: 40px; border: 1px solid black;"></div>	
		12.a. Nature of interest held or income received. <div style="height: 100px; border: 1px solid black;"></div>	
(Continuation of 10)		12.b. Amount. <div style="height: 40px; border: 1px solid black;"></div>	
		(Continuation of 10)	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____		14.a. Nature of payment. <div style="height: 100px; border: 1px solid black;"></div>	
13.b. Is the Business an Employer or Consultant ?		14.b. Amount of payment. <div style="height: 40px; border: 1px solid black;"></div>	